

## Renewal Application – Employment Agents License Pursuant to Section 105 Wisconsin Statutes

**NOTICE REQUIRED UNDER Section 15.04(1)(m), Wisconsin Statutes.** Authorization for this form is provided under Chapter 105 Wisconsin Statutes and Section DWD 277.02 of Wisconsin Administrative Code. Completion of this form is mandatory. This information is used for the purpose of processing your application and maintaining the division's records. Personal information you provide may be used for secondary purposes.

### General Information

**1. The undersigned hereby applies for renewal of license to engage in the business of an employment agent for the license year 200\_ (Ending June 30)**

Name of Licensee

Name of Agency (Individual or Corporation)

Street Address of Agency

City

State

Zip Code

Agency Business Telephone Number

Street Address of Branch Office (if any)

City

State

Zip Code

Street Address of Branch Office (if any)

City

State

Zip Code

Names of Managers

If Corporation, provide Federal Employer Identification Number

If Partnership, provide Federal Employer Identification Number

If Individual, provide Social Security Number

**(Please attach certified statement as required under DWD 277.04(3))**

### 2. Class of License

- ☐ Class I Applicant paid fee agencies securing work for persons in the following types of positions: administrative, clerical, commercial, executive, professional, sales, technical, domestic, household employee, unskilled or untrained worker, industrial worker or mechanic.
- ☐ Class II Modeling Agencies.
- ☐ Class III Nurses Registry.
- ☐ Class IV Other agencies whose activities are of a specified nature or limited to specific areas of activity or types of placement that do not fall under the other classes of license. (Attach explanation of specialty area.)

**Note: You may apply for more than one class of license. There is no difference in cost whether you have one, two or more classes included on your license.**

<b>3. Number of Placements (Placements, not money)</b>				
<b>4. Computation to determine amount of license fees payable on gross receipts for past license year.</b>				
(a) The total gross receipts, from paid fees, for past license year amounted to (in words).				
(b) Rate of License fee. <b>1% of total gross</b>	<b>Times</b>	Gross receipts. \$	<b>Equals</b>	Fee Computed. \$
(c) License fee for the past license year (not less than \$50.00 or more than \$300.00) from "fee" computed above.				\$
(d) Less amount of statutory fees, which you advanced last year.				\$ 50.00
(e) Remaining amount payable for the past license year. (Line "c" minus Line "d".)				\$
(f) Advanced payment of statutory minimum license fee for the present license year.				\$ 50.00
(g) Add \$150.00 for each branch office.				\$
(h) Add registrations fee (\$5.00) if an employer paid fee is charged.				\$
(i). Total amount to be remitted (line "e" plus line "f" plus line "g" plus line "h".				\$
<p><b>Make remittance payable to The Equal Rights Division and send to:</b></p> <p><b>THE EQUAL RIGHTS DIVISION</b>  <b>P O BOX 8928</b>  <b>MADISON WI 53708</b></p>				
<p><b>This renewal application must be accompanied with the following.</b>  <b>If you have any questions, you may call, (608) 266-0030</b></p> <p>(a) Fee-Amount shown in Section 4, line (I).</p> <p>(b) Surety Bond of \$5,000. (Bond form LS-83 must be completed and submitted with renewal)</p> <p>(c). A copy of the following forms used by the agency</p> <ol style="list-style-type: none"> <li>1. Contract</li> <li>2. Applicant Fee Schedule</li> <li>3. Application</li> <li>4. Receipt</li> <li>5. Referral Card</li> </ol>				
<b>I swear of affirm that the information in this application is true and correct</b>				
Signature of Applicant		Title		Date